

**BEFORE THE BOARD OF DENTAL EXAMINERS
OF THE STATE OF IOWA**

IN THE MATTER OF:)

ROBERT BRUCE COCHRANE, D.D.S.)

**1611 1st Ave North)
Fort Dodge, IA 50501)**

**STIPULATION AND
CONSENT ORDER**

License# 6251)

Respondent)

On this 16th day of April, 2003, the Iowa Board of Dental Examiners and Robert Bruce Cochrane, D.D.S., each hereby agree with the other and stipulate as follows:

The disciplinary hearing scheduled to commence before the Iowa Board of Dental Examiners on the 17th day of April, 2003, on the allegations specified in the Statement of Charges which is attached to the Notice of Hearing dated March 13, 2003, shall be resolved without proceeding to hearing, as the parties have agreed to the following Stipulation and Consent Order:

1. That Respondent was issued a license to practice dentistry in the state of Iowa on the 1st day of July, 1977, as evidenced by License Number 6251 which is recorded in Book D, Page 12, of the permanent records in the office of the Iowa Board of Dental Examiners.
2. That Iowa Dental License Number 6251 is current and on active status until June 30, 2004.
3. That the Iowa Board of Dental Examiners has jurisdiction over the parties and subject matter herein.
4. A Notice of Hearing and Statement of Charges was filed against Respondent on March 13, 2003.

THEREFORE, IT IS HEREBY ORDERED that Respondent's dental license shall immediately be placed on indefinite probation subject to the terms and conditions of this Order. Respondent may not petition the Board for termination of his probation for five (5) years from the date of this Order.

SECTION I.

1. The Respondent shall immediately document successful compliance with all recommendations of the evaluating/treatment facility.
2. The Respondent shall sign releases to allow for the free flow of information between the Board and all of Respondent's evaluators, counselors, and aftercare providers.
3. The Respondent shall submit monthly reports detailing his compliance with this Order for a period of six (6) months. After six (6) months the Respondent shall submit quarterly reports detailing his compliance with the terms of this Order during the remainder of his probationary period. These reports shall include, but not be limited to, signed verification of his Alcoholics Anonymous/Narcotics Anonymous attendance, and participation with his physician counselor/aftercare provider(s).
4. Respondent shall not prescribe, administer, or dispense Ultram (Tramadol).
5. Respondent shall not administer or dispense any controlled substances, including samples.
6. All prescription medications issued by Respondent other than Ultram shall be written in triplicate, with one copy to the patient, one copy for Respondent's records, and one copy to the Board to be filed with Respondent's required reports.
7. Respondent shall maintain a prescription log separate and apart from patient records. This log shall list all prescriptions issued by date in chronological order, and shall contain the name and telephone number of the patient, prescription name, quantity, and reason for issuance.

8. Respondent shall not store Ultram (Tramadol), including samples, or any controlled substances, including samples.
9. The Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form, including Ultram, unless lawfully prescribed by a duly licensed and treating health care provider in consultation with his treating physician counselor. The Respondent shall inform any treating health care provider of his prior chemical dependency prior to accepting any prescription drug and ensure that the treating health care provider consults with his treating physician counselor prior to the issuance of any controlled substances. Respondent agrees not to accept any prescriptions for drugs that contain benzodiazepines. The Respondent shall report to the Board in writing within seven (7) days the use of any medications prescribed to him. The report shall include the date issued, the name and quantity of the prescription, the name and phone number of the prescribing health care provider, the reason for the prescription, and the date, name, and telephone number of the pharmacy where the prescription was filled.
10. The Respondent shall institute and maintain regular contact with a local 12-step sponsor.
11. Respondent shall attend meetings of Alcoholics Anonymous or Narcotics Anonymous at least four (4) times each week and shall document and submit written verification of his attendance in monthly reports to the Board for the first six (6) months. Thereafter Respondent shall submit written verification of his attendance in quarterly reports to the Board, but shall continue to attend meetings at the above frequency rate until further Order of the Board. Verification of meeting attendance requires the date, time, and location of the meeting along with a signature or initials of another person in attendance accompanied by a phone number that they can be reached at for verification.
12. The Respondent shall remain under the care of his current local physician counselor and

shall meet with him for individual therapy and pharmacotherapy on a weekly basis. Respondent shall sign releases to allow the Board to fully communicate with his physician counselor. Respondent shall promptly document compliance with any and all recommendations made by his physician counselor. The counseling shall be at Respondent's expense.

13. The Respondent is responsible for ensuring that his physician counselor submits written quarterly reports to the Board concerning Respondent's treatment and progress. The report shall include, but is not limited to, the Respondent's progress, participation in his recovery program, and compliance with the physician counselor's recommendations.
 - a. The Board's approval of the physician counselor may be rescinded by the Board for good cause. Respondent shall be allowed an opportunity to appear before the Board prior to the Board making this decision.
 - b. If the Respondent or physician counselor feel it is necessary to terminate their doctor/patient relationship, a written explanation by both parties must be submitted to the Board at least thirty (30) days before termination of the relationship.
 - c. In either case, the Respondent shall submit other names of physician counselors for the Board's approval within fifteen (15) days from the date of the Board's rescission Order or date of doctor/patient relationship termination.
14. The Respondent shall participate in group counseling for people in recovery at a facility prior approved by the Board. Said counseling shall be arranged within four (4) weeks of the date of this Order. The Respondent shall submit to the Board names of facilities within fourteen (14) days of the date of this Order to serve in this capacity. The Respondent shall attend group counseling sessions a minimum of once a week. The counseling shall be at Respondent's expense.

15. The Respondent successfully completed an inpatient treatment program at McClean Hospital in Belmont, Massachusetts, which has turned his continued care over to his physician counselor. As recommended by that program, Respondent shall remain under the care of his current physician counselor and Board-approved group counseling program .
16. Any relapse of Respondent shall be immediately reported to the Board by the Respondent, and by any of Respondent's treating health care providers.
17. Respondent shall participate in the Board's random drug and alcohol screening program, and agrees to submit to testing at the frequency determined by the Board, which may be up to three times weekly. In addition, Respondent shall submit to unannounced random witnessed blood, urine, or breath analysis samples on demand by any agent or designee of the Board.
18. Respondent shall promptly pay all costs associated with any of the drug and alcohol screenings.
19. Respondent may apply to the Board for modification of the terms of this probation.

SECTION II.

1. The Respondent shall provide notice to all current and future licensees in his practice, employers and staff, of this Order. The Respondent shall report back to the Board with signed statements from all current and future licensees, employers, and staff within ten (10) days of the date of this Order and thereafter within ten (10) days of any new employment relationship, indicating that they have read this Order.
2. The Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order.
3. The Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs, including mileage and expenses,

incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit for such costs.


4. The Respondent shall upon reasonable notice, and subject to the waiver provisions of Board rule 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
5. Periods of residency outside of the State of Iowa may be applied toward period of probation if prior approved by the Board. Any changes in residency must be provided to the Board in writing within fourteen (14) days of departure.

SECTION III.

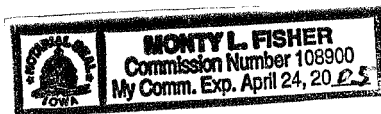
1. The Respondent acknowledges that he has read in its entirety the foregoing Stipulation and Consent Order and that he understands its content and that he executed the Stipulation and Consent Order freely and voluntarily.
2. The Respondent agrees this Stipulation and Consent Order constitutes the resolution of a pending contested case. By entering into this Stipulation and Consent Order, the Respondent voluntarily waives any right to a contested case hearing on allegations contained in the Statement of Charges, and waives any objections to the terms of this Stipulation and Consent Order. The parties further agree that there is no evidence that Respondent worked on patients in an impaired condition.
3. The Respondent acknowledges that he has the right to be represented by counsel in this matter.
4. The Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. The Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.

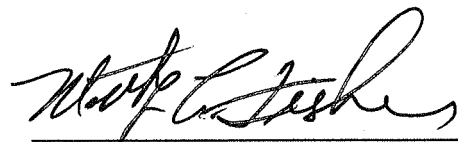
6. The Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.
7. The Respondent acknowledges that this proposed settlement is subject to approval of a majority of the full Board. If the Board fails to approve this proposed settlement, it shall be of no force or effect to either party.
8. The Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dentistry in Iowa. Any violation of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code Section 272C.3(2)(a) (2001).
9. The Board's approval of this Stipulation and Consent Order shall constitute a **FINAL ORDER** of the Board.

This Stipulation and Consent Order is voluntarily submitted on this 15th day of April, 2003.


Robert Bruce Cochran, D.D.S.
Respondent

Subscribed and sworn to before me on this 15th day of April, 2003.





y Public in and for
the State of Iowa

This Stipulation and Consent Order is accepted by the Iowa Board of Dental

Examiners on this 16th day of April, 2003.

Leroy I. Strohman, D.D.S.

LEROY I. STROHMAN, D.D.S.

Chairperson

Iowa Board of Dental Examiners

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cc: Monty L. Fisher
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